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05/05/2004

BEYER WEAVER & THOMAS LLP
P.O. BOX 778
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Sue Funchess	(Depositor's name)
<i>Sue Funchess</i>	(Signature)
July 8, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,482	12/06/2001	Shaul Branchevsky	NSC1P223/P05081	5145

TITLE OF INVENTION: EMBEDDED 3D COIL INDUCTORS IN A LOW TEMPERATURE, CO-FIRED CERAMIC SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, TUYEN T	2832	336-200000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Beyer Weaver & Thomas, LL

2 _____

3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Semiconductor Corporation

2900 Semiconductor Drive, Santa Clara, CA 95051

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies Ten (10)☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) Michael Lee (Date) 7-8-04

Michael Lee, Reg. #31,846

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01 FC:1501

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02 FC:8001

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